

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Allan L Barker

Mailing Address 500 Wildwood Ave

City

Rocky Mount

State

NC

Zip Code

27803-1732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2015

Transaction ID : 37867568

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Timothy D Johnson

Mailing Address Po Box 517

City

Bellows Falls

State

VT

Zip Code

05101-0517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2015

Transaction ID : 37867569

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Melissa Binder

Mailing Address 16 WALDEN PLACE CT

City

ELGIN

State

SC

Zip Code

29045-8208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2015

Transaction ID : 37867570

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00